

FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20975

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY Audrain 0043				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe 0.690			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico 0		c. LENGTH OF STAY (In this place) 3 days		c. CITY OR TOWN RFD #2		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital				STREET ADDRESS (If rural, give location) RFD #2, Molino, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Peter		c. (Last) Albright		4. DATE OF DEATH (Month) (Day) (Year) July 11, 1955	
5. SEX male <input checked="" type="checkbox"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH Feb 25, 1876	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY crops		11. BIRTHPLACE (City and State or Foreign Country) Sangamon, Illinois /	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John David Albright		13b. MOTHER'S MAIDEN NAME Christian S. Webber		14. NAME OF HUSBAND OR WIFE Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Albright, Mexico, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis & arteriosclerosis with cardiac failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Dec 14, 1954, to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 11:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. 0		23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED July 15, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 15, 55		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Mexico, Mo.	
DATE REC'D BY LOCAL REG. July 15-1955		REGISTRAR'S SIGNATURE Blanche Reely		25. FUNERAL DIRECTOR'S SIGNATURE ARNOLD FUNERAL Home		ADDRESS Mexico	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *44*

P. O. Address *Med...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.